

Cardiovascular Disease Mortality and Risk Factors

in the Southeast District Health Department Region



Southeast District Health Department

Counties: (Johnson, Nemaha, Otoe, Pawnee, and Richardson)

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Although not statistically significant, age-adjusted mortality rates for total cardiovascular disease, heart disease, and sudden cardiac death in the Southeast District Health Department region are lower than those for all Nebraska residents. Consistent with adults in many Nebraska health districts, males, compared to females in the Southeast region are less likely to consume five or more servings of fruits and vegetables daily and more likely to smoke cigarettes. Of the 18 local public health departments presented in this report, residents of the Southeast region rank highest for diagnosed high blood cholesterol (among those that have ever had it checked), diagnosed high blood pressure, and the percentage reporting no leisure time physical activity (overall and among both genders). Additionally, the residents of the Southeast region rank second highest in diagnosed diabetes at 6.3%, slightly higher, but not significantly different from than the statewide average of 5.1%.

Regionally specific supplement to:

Cardiovascular Disease Mortality and Risk Factors by Nebraska's Local Public Health Department Regions. Lincoln, NE: Nebraska Health and Human Services System, Department of Health and Human Services, Offices of Disease Prevention and Health Promotion; 2005

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Full copy available for download at: <http://www.hhs.state.ne.us/cvh>

Southeast District Health Department

Demographic Composition

Counties	Average age	Education	Race / Ethnicity		
Johnson, Nemaha, Otoe, Pawnee and Richardson	40.5 years	H.S Grad / GED or higher	83.9%	Number	Percentage
Total population	Median income	Baccalaureate / Graduate degree	17.2%	White,non- Hispanic	38,451 95.9%
40,078	\$33,554			Minority	1,627 4.1%

Source: 2000 Census

Mortality and Risk Factors

Mortality Due to Cardiovascular Disease Among Residents in Southeast District Health Department by Gender, 1999-2003

Cause of Death %	Total			Male			Female			Relative Risk (M:F) ^d
	N ^a	AAR ^b	me ^c	N ^a	AAR ^b	me ^c	N ^a	AAR ^b	me ^c	
Total Cardiovascular Disease	964	276.4	17.4	419	330.3	31.6	545	240.3	20.2	1.37 ⁺
Heart Disease	670	196.5	14.9	304	240.7	27.1	366	166.5	17.1	1.45 ⁺
Sudden Cardiac Death	339	98.5	10.5	154	123.8	19.6	185	79.4	11.4	1.56 ⁺
Stroke	212	58.2	7.8	82	63.6	13.8	130	55.8	9.6	1.14

Source: Nebraska Vital Records

⁺ The age-adjusted rate for males is significantly higher than the rate for females (p < 0.05)

Risk Factors for Cardiovascular Disease Among Adults in Southeast District Health Department by Gender, 1995-2003

CVD Risk Factors	Total			Male			Female			Relative Risk (M:F) ^d
	n ^e	W% ^f	me ^c	n ^e	W% ^f	me ^c	n ^e	W% ^f	me ^c	
¹ Current Cholesterol Screening	415	68.8	5.5	167	64.5	8.8	248	73.4	6.2	0.88
² Diagnosed Diabetes	771	6.3	1.8	290	6.3	2.9	481	6.4	2.4	0.99
³ 5-a-day Consumption	461	21.2	4.3	167	11.4	5.2	294	29.1	6.1	0.39 ⁻
⁴ Diagnosed High Blood Cholesterol	335	37.1 ⁺⁺	6.1	126	33.5	9.8	209	40.3 ⁺⁺	7.5	0.83
⁵ Diagnosed High Blood Pressure	441	33.8 ⁺⁺	5.4	173	30.7 ⁺⁺	8.7	268	36.9 ⁺⁺	6.4	0.83
⁶ No Health Care Coverage, 18-64	473	10.8	3.3	195	11.1	4.9	278	10.6	4.2	1.04
⁷ Obese	727	20.3	3.3	285	20.1	5.1	442	20.5	4.2	0.98
⁸ No Leisure Time Physical Activity	658	33.0 ⁺⁺	4.3	246	35.0 ⁺⁺	7.1	412	31.3	5.0	1.12
⁹ Current Cigarette Smoking	767	21.4	3.4	288	25.4	5.6	479	17.8	3.9	1.43 ⁺

Source: Nebraska Behavioral Risk Factor Surveillance System

⁺⁺ The percentage is significantly higher (p < 0.05) than all other Nebraska HDs

⁻⁻ The percentage is significantly lower (p < 0.05) than all other Nebraska HDs

⁺ The lower bound of the 95% confidence interval for the risk ratio is greater than 1.0

⁻ The upper bound of the 95% confidence interval for the risk ratio is less than 1.0

% Specific ICD-10 Cause of Death Codes may be found in the Methodology Section of this Report

^a Documented number of deaths from each cause between 1999 and 2003

^b Average annual age-adjusted rate per 100,000 population (2000 U.S. standard population)

^c Margin of error (me) at 95% confidence, interpreted as plus/minus the relevant age-adjusted rate or weighted percentage

^d Relative Risk is the male to female rate ratio (for mortality) and percentage ratio (for risk factors)

^e Non-weighted sample size for each risk factor

^f Percentage weighted by gender and age to reflect Nebraska's population (using CDC's BRFSS weighting methodology)

¹ Percentage of adults reporting that they had their cholesterol checked within the 5 years preceding the survey

² Percentage of adults reporting that they have ever been told by a doctor, nurse, or health professional that they have diabetes (excluding gestational diabetes)

³ Percentage of adults reporting that they consume 5 or more daily servings of fruits and vegetables

⁴ Percentage of adults reporting that they have ever been told by a doctor, nurse, or health professional that their blood cholesterol is high, among those that have ever had it checked

⁵ Percentage of adults reporting that they have ever been told by a doctor, nurse, or other health professional that their blood pressure is high

⁶ Percentage of adults, 18-64, reporting that they do not have any kind of health care coverage, including health insurance, prepaid plans such as HMO, or governmental plans

⁷ Percentage of adults body mass index value of 30 or greater (based on self-reported height and weight)

⁸ Percentage of adults reporting that, other than their regular job, they did not participate in any physical activities or exercises during the 30 days preceding the survey

⁹ Percentage of adults that have smoked at least 100 cigarettes during their lifetime and currently smoke cigarettes every day or on some days